

**Nebraska DHHS Division of Behavioral Health
Prevention Advisory Council**

April 29, 2015 - 9:00 a.m. to 12:00 p.m.

Lancaster Extension Education Center – 444 Cherry Creek Road

Meeting Summary

Council Members Present:

Renee Faber, Lori Griggs, Megan Hopkins, Chris Junker, Patti Jurjevich, Faith Mills, Fred Zwonechek

Meeting Participants:

Sue Adams, Debrenee Adkisson, Mindy Anderson-Knott, Pamela Baston, Nicole Carritt, Stefanie Creech-Will, Sheri Dawson, David DeVries, Crystal Fuller, Jennifer Green, Katie Gunia, Rose Hood, Carly Iwanski, Patty Martin, Betty Medinger, Sandy Morrissey, Tonya Pitcher, Nikki Roseberry, Jennifer Rutt, Michelle Schultz, Scott Stemper, Vanessa Urbach, Chris Wagner.

Welcome and Introductions

Nikki Roseberry of Behavioral Health

Nikki Roseberry called the meeting to order and welcomed members and others present to the meeting at 9:00 a.m.

- Sheri Dawson, Acting Director for the Division, delivered the Opening Remarks.
- Several current initiatives within the Division were summarized and Ms. Dawson encourages further exploration of opportunities to integrate mental health promotion and substance use prevention.

Prevention Advisory Council (PAC) Year 1 Review

Nikki Roseberry, Division of Behavioral Health

PAC Objectives:

- Accomplish the mission and vision of the DHHS Division of Behavioral Health's Five Year Strategic Plan for Prevention.
- Be the driving force for statewide prevention system partnership, collaboration and growth.
- Continually grow the prevention workforce and improve upon leadership within the NBHS to assist communities to create and/or enhance sustainable, collaborative coalitions, which implement effective prevention policies, practices, and programs.
- Position the Prevention System to be in compliance with federal grant requirements and deliverables by monitoring progress.
- The Prevention Advisory Council will hold quarterly meetings to accomplish the objectives and address other ongoing system issues.
- Host associated workgroups: Statewide Epidemiological Outcomes Workgroup (SEOW) and Workforce Development.

Goals of Partnerships for Success:

- Prevent the onset of and reduce the progression of substance abuse, including binge and underage drinking.

- Strengthen capacity and infrastructure at the state and community levels in support of prevention efforts, and leverage, redirect, and realign local funding streams for prevention.

The following have been standing agenda items:

- PFS/SAPTBG report
- Data Updates
- Policy
- Sustainability

Challenges observed:

- Consistent participation from council members
- Greater discussion focus
- Maintaining balance between advisement and reporting out
- Integration of all voices
- Avoiding duplication of other meetings

The PAC was then asked to comment on preferences for meeting topics and provided the following feedback:

- Conduct a survey of barriers to help identify solutions
- Updates on Success/Progress
- Policy Integration
- Spectrum
- Progress and Build
- Limit updates to annual or bi-annually

School Community Intervention Prevention Program (SCIP)

Rose Hood, SCIP Coordinator

SCIP: is a statewide prevention program. SCIP is funded by the Department of Health & Human Services, Division of Behavioral Health, Region V Systems, Region 4 Behavioral Health, United Way of Lincoln & Lancaster County, and Lincoln Public Schools.

- When to refer to SCIP
 - Problems with Grades
 - Problems with Attendance
 - Disruptive Behavior in Class
 - Involvement with the Disciplinary System of the Schools
 - Legal Problems
 - Problems at Home
 - Problems with Extracurricular Activities
 - Alcohol or Drug Specific Behavior or Indicators
- Reminders...
 - SCIP is a process it may take multiple attempts at “flashing your brights”

- There is always an element of success
- Confidentiality is nonnegotiable!
- Address concerns as a team...each member has their own ideas on assisting students.

PSF Y1-Partnership for Success Results

Mindy Anderson-Knott, and Jennifer Rutt, PFS Evaluators

Evaluation Methods: Process

- Quarterly Reports
- Site visits
- Fidelity interviews
- Coalition capacity surveys
- Nebraska Prevention Information Reporting System (NPIRS)
- Community level instrument (CLI)*

Evaluation Methods: Outcome

- Youth Risk Behavior Survey (YRBS) 2013: 70.0% RR, N=1,885
- Nebraska Young Adult Alcohol Opinion Survey (NYAAOS) 2013: 32.2% RR, N= 2,816
- Nebraska Annual Social Indicators Survey (NASIS) &Nebraska Community Alcohol Opinion Survey (NCAOS): Nebraska: 29.1%, N=1,018
- Program-Level Instruments (PLI)
- Consequence Data.

Strategies Funded in Year 1:

Communities Mobilizing for Change on Alcohol (CMCA), Screening Brief Intervention Referral Treatment (SBIRT), Human Performance Project/Life of an Athlete Training for Intervention Procedures (TIPS), Strengthening Families Program, Bystander Intervention, Media Campaign: Too Good For Drugs (TGFD), Power of Parenting All Stars, College Alcohol Profile (CAP), and Alcohol Compliance Checks

Barriers:

- Time
- Buy-in and participation from stakeholders
- Staff turnover
- Coalition capacity lower in areas of coalition learning and sustainability
- Collecting local data (e.g., partner buy-in, lack of demographic data) and NPIRS completion
- Response rates below SAMHSA standards
- Delays with GLI and CLI

Successes:

- Identification of target communities
- Developing new coalitions
- Infrastructure development at state and local levels (hiring key staff)

- Strong capacity in vision, mission, goals and implementation
- Training opportunities at state and local levels
- Engaging stakeholders
- Strategy selection and implementation
- Collection of community perception data, coalition capacity data, and continuing to collect youth data
- Provided coalition level evaluation plans and year one reports with baseline data

Technical Assistance Request

Renee Faber, Division of Behavioral Health

The TA provided will build Nebraska's capacity at the State level to develop an overarching workforce development plan that will address the prevention goals identified in the Nebraska Strategic Prevention Plan. This TA will be provided in separate phases delivered during this contract period.

- The first phase of the TA will include:
 - identify core competencies,
 - develop workforce development survey, and develop a draft workforce development evaluation plan and instruments.
- **Phase I:**
Prepare and research information for Nebraska DBH workforce development background and current status.
- **Phase II :**
Administer, and analyze Workforce survey.
- **Phase III:**
Prepare recommendations for workforce development plan and Training/TA Plan.
- **Phase IV:**
Assist SSA to develop draft Workforce Development evaluation plan and instruments.
- **Phase V:**
Coach SSA to implement Workforce Development Plan and Evaluation Plan to measure progress of substance abuse prevention Workforce Development Plan, Training/TA plan and Training/ TA providers.

Next Steps

- Send suggestions/recommendations for speakers to schedule.
- Meetings for the rest of the year will be from at the Lancaster Extension Education Center, 9:00 to Noon on July 29 and October 28, 2015.
- Look for more info on Workforce Workgroup - volunteers appreciated

Meeting Close

- Meeting ended 12:00 p.m.